	PROCURE	MENT	DRN:				
		DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMEN	T FIELD OFFICE	EV			
		Regional Center Site, Rawis, Legazpi City, Albay PURCHASE ORDER				>	
Supplier:		BLUE ASH RESTOBAR	PO. No.:	F 2410-0414 October 07, 2024			
Address:		CRUZADA, LEGAZPI CITY					
Contact No.			Mode of	SMALL VALUE PROCUREMENT			
		Please furnish this Office the following articles subject to the terms and conditions	Procurement: Payment Term:	Charge			
Gentlemen:		contained herein:	Delivery Term:	Days			
Place of Delivery: Date of Delivery:		As indicated below	For Delivery Schedo Please Contact C.M			09923015628 099552161070	
Item No.	Unit		Quantity	Unit Cost	Amou		
		PROVISION OF FOOD (PACKED) FOR BAC MEETING ON OCTOBER 8 & 22, 2024		6			
		Ootshar 9, 2024				-	
	pax	October 8, 2024 AM Snacks, Lunch, and PM Snacks	10	450.00	/	4,500.00	
	Pun	חומי טוומטאס, בעווטוו, מוזע ו זען טוומטאס	10	730.00	-	-,500.00	
		October 22, 2024		•		-	
	pax	AM Snacks, Lunch, and PM Snacks	10	450.00	1	4,500.00 -	
						-	
		COA- Daving FOV	*			-	
		DELOCIONACIO					
		HOHO Control of the last					
		OCT 23 2024 1					
						-	
		TIME: 1100				-	
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	1	<u> </u>	-				
	-	Contract Management Section					
		In: 10-28-24 Date Time 3:41				-	
		Out:Date/Time:				-	
		out.					
Total Amount in Words:		Nine Thousand Pesos and No Centavos				9,000.00	
		Amenities, you conformed in the Standard Requirements for Venue attached in the RFQ.	and a riante the cone	lut of the patients o	r in the suggestion	a daya	
		ous events or other circumstances that the number of participants is reduced, adjustment shall be n y in the 1st day of activity or per advance notice of End User, While actual on the succeeding days.	ade prior to trie cond	iui oi irie activity o	i in the succeedin	ig days	
LIQUIDATE	ED DAMAG	ES: One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract f					
,		percent (10%) of the amount of the contract, the DSWD FOV may rescind or terminate the co ircumstances.	ntract, without preju	udice to other cou	ırses of action an	nd remedie	
avanable t	ander the ti	icumstances.	~ 1				
Conforme:		CAlandar	NO	RMAN S	LAURIO)	
		BLUE ASH RESTOBAR	Mulul	Regional D		1	
		Signature over Printed Name of Supplier	1 SION	m			
		Date: 16 7 20 24	ARD for manual	17/4S		L	
Funds A	Available:	t 10	ODCN	011-10-	1390		
		MENDI & PLANCES, CPA Accountent (1)	ORS No.: <u>24-(0-13952</u> 9,000-00				
		Accountent 111	Amount:	9,00	0.00		
cris/24		- 55 F- 1 A J	1				